From the desk of the CEO

Happy New Year!

This year is an exciting one for COINN. We are getting ready for the COINN2016 Conference, August 14-17 at the Westin Bayshore, Vancouver, Canada. Thank you to our Canadian Association of Neonatal Nurses (CANN) group for acting as the host. For more information please go to http://coinn2016.neonatalcann.ca

COINN’s policy work grows each month. We have contributed to the WHO Partnership for Maternal, Newborn and Child Health. This group seeks to build capacity in those areas of greatest mortality for mothers and babies. COINN continues through our partnerships with the Global Engagement Institute (GEI) and S.T.A.B.L.E. as well as our national organizations to conduct training in Helping Babies Breathe, Essential Newborn Care, and S.T.A.B.L.E. This training is part of the Partnership’s commitment to the UN’s Every Woman, Every Child Action plan.

COINN also participates in the NEO-BFHI—the Neo Baby Friendly Hospital Initiatives for neonatal wards, steering committee to promote breastfeeding and baby friendly environments. We have contributed to the development of guidelines for breastfeeding support.

COINN continues to seek ways to partner with the International Council of Nurses (ICN). As an affiliate of this organization we are bringing a greater awareness to nurses and others of the role neonatal nurses play in changing outcomes for neonates and their families. COINN contributed to the development of the US National Perinatal Association (NPA) “Interdisciplinary Recommendations for the Psychosocial Support of NICU Parents” published as a supplement in the Journal of Perinatology, Vol 35 (supplement 1), December, 2015.

Please read the exciting member updates in this issue. They feature work of our members in Uganda, New Guinea, Zambia, Southern Africa, and South Sudan. Congratulations to Bupe Mwamba who received the Bonnie Westenberg Pedersen International Midwife Award from the American College of Nurse-Midwives (ACNM) Foundation in the US for her work to promote safe birth in Zambia.

We also would like to welcome our newest individual members of COINN. We continue to grow! Thank you so much for your commitment to neonatal care. Without our members we could not strive to improve neonatal nursing standards and care worldwide! Thank you. Just a reminder from now until our August conference membership dues are just ONE DOLLAR (USD). Join!!!!

Carole Kenner, PhD, RN, FAAN
CEO, COINN

COINN Mission Statement
To promote excellence in neonatal nursing and health outcomes for the infants and families we serve and act as an international leader in the development and revision of professional standards of neonatal nursing
Council of International Neonatal Nurses 2016
Conference: One Passion. One Vision. One World

The 9th Council of International Neonatal Nurses Conference (COINN2016) is only seven months away!

COINN 2016, proudly hosted by the Canadian Association of Neonatal Nurses (CANN) in collaboration with the Council of International Neonatal Nurses (COINN) will take place at the Westin Bayshore hotel in Vancouver, British Columbia, Canada from August 14 to 17, 2016. This 3½-day Conference will bring together neonatal nurses from around the world for an opportunity to explore critical issues, emerging trends and innovations, to share global wisdom and to foster new partnerships.

Conference features include:
- Engaging speakers for the 8 General Sessions
  - Trauma Informed Care – Dr. Mary Coughlin
  - Feeding the Premature Baby – Dr. Erin Sundseth Ross
  - Pain Management – Dr. Marsha Campbell-Yeo
  - Exclusive Human Milk Diet for Very-low-birthweight Newborns – Dr. Alan Lucas
  - Ethics in the NICU – Dr. Connie Williams
  - Respiratory Stabilization at Birth & Current Research – Dr. Georg Schmolzer
  - Brain Development in the Newborn: The Importance of the Everyday – Dr. Steven Miller
  - Nursing-led Strategies and Parent Engagement – Dr. Linda Franck

- Opening & Closing Sessions focusing on: the Global Strategy on Human Resources for Health and Global Nursing as ONE
- 3 Intriguing Pre-conference Workshops to kick start the conference: Helping Babies Breathe Helping Babies Survive/ Global Initiatives Volunteering Abroad/ Demystifying Research and Grant Writing and Care of the Extremely Low Gestational Age Newborns
- 2 Interesting Morning Symposiums offered courtesy of our Global partners - Prolacta and Abbvie
- Over 75 poster board and concurrent sessions
- An Exhibit Hall featuring the latest in neonatal-related industry products and services
- An exciting Social Program including a Welcome Reception and Celebration Dinner
- Optional activities allowing the opportunity to explore Vancouver

CALL FOR ABSTRACTS DEADLINE EXTENDED TO FEBRUARY 29, 2016!

On-line Registration opens February 2016. Register early to take advantage of the early bird rate and great exchange rates – rates are listed in Canadian Dollars.

EARLY BIRD REGISTRATION RATES (until June 20, 2016 - subject to 5% tax)

- CANN Member (Canadian Association of Neonatal Nurses) $675
- COINN Member (Council of International Neonatal Nurses) $725
- Non-Member $775
- Student $550

Low and Lower-Middle Income Countries $400 (list on COINN2016 website)

Registration rates include: attendance at all general, concurrent and poster board sessions, morning symposiums, access to the exhibit hall, the Welcome Reception (Sunday, August 14), refreshment breaks on Monday, Tuesday and Wednesday (August 15, 16 and 17), lunch on Monday and Tuesday (August 15 and 16) and the Celebration Dinner (Tuesday, August 16).

For registration, hotel and program information, visit the Conference website at COINN2016.neonatalcann.ca

In keeping with the Conference theme ONE – One Passion, One Vision, One World, the Conference Planning Committee invites you to join the “One Selfie Movement”. Help create an international selfie mural and let the neonatal nursing world know that this is ONE Conference they won’t want to miss! TO SHOW YOUR EXCITEMENT ABOUT COINN2016! Send your “ONE” selfie to Twitter @COINN2016 or email to info@neonatalcann.ca. No names will be shared – only your enthusiasm!

Submitted by Karen Lasby, President—Elect of CANN
December 5, 2015. A historical day for neonatal nursing in Rwanda when nurses in Rwanda gathered at King Faisal Hospital and decided to develop a national chapter of nurses who work with neonates – the Rwandan Association of Neonatal Nurses (RANN). In Rwanda, the whole nursing population is reported at ~9100; about 10% of nurses are working in neonatal care or midwifery and dealing with babies. Attendees were excited to come together and work together. Each hospital in Rwanda has their own set of rules and treatment plans for the babies admitted; so the goal is to make neonatal care more uniform as well as develop leadership, improve education, and develop a certification program. Practical issues are important, and starting a transport team is one of the urgent needs to be fulfilled.

The meeting was attended by 35 nurses from various health care settings; after hours of working, the executive team and all the subcommittees were established. Andre Ndayambaje, the President, has been a neonatal nurse for approximately 9 years; the Vice President Pacifique Umubeyi has been a neonatal nurse for about 5 years and the Treasurer Janvière Uteyimbabazi is an educator in neonatal health and midwifery; the Secretary Annet Komugisha has over 3 years of neonatal intensive care experience. The annual membership fee was set at 6,000 RWF which is about $10 USD. The following subcommittees were established: Bylaws, Nomination, Membership, Continued Professional Development (CPD), Communication and Guidelines/Policy/Competency.

RANN is the organization that is growing faster than any other association in the world! To date, over 100 nurses Rwandan nurses have become members of the COINN. In January, the group met again and worked on bylaws, organization logo, and application for formal approval of the organization. Next general meeting is in February where the bylaws, logo and other documents will be voted on and submitted to the Rwandan government for official recognition. CPD course will begin in March. The CPD committee is currently taking applications for Neonatal Resuscitation Program (NRP) and Helping Babies Breathe (HBB) instructors with the plan to offer these trainings to the hospitals and district hospitals of Rwanda.

Submitted by Sue Prullage, COINN representative for Rwanda
**Member’s Activities**

**Neonatal Nurses Association (NNA): Nine years of ‘baby steps’: Setting up a neonatal unit in rural Uganda** (by Liz Crathern and Denise Evans)

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*Ten years ago I joined my daughter on a mission trip to Rukungiri SW Uganda as part of a Mission Direct team, having been encouraged by my daughter who had been out on a youth trip to Sierra Leone the year before. I travelled prepared to get ‘stuck in’ with all the building work for the local school but my back was causing me problems. One of the team leaders asked me my background and on finding out I was a neonatal nurse teacher organised for a visit to the local hospital and school of nursing. For a reason, to this day, I cannot explain, except for a higher power, I had packed a USB on basic neonatal care. I was shocked to see how poor resources for midwifery and neonatal care were. I remember seeing two tiny infants, unrelated, in a wooden box heated by a single light bulb, lying in a cloth rag soaking wet from their own urine. The two incubators on the shelf were broken. I took the evening to think over what I had seen and decided to contact the school again to organise some neonatal teaching which thankfully was gratefully received.*

*On return to the UK, I presented my experiences at a local neonatal conference in Yorkshire. It was here that Denise told me she would join me. Little did we know then that our journey would become 12 visits in 9 years. In summary:*  

- We delivered a neonatal and child health module in the school for a number of years and continued to provide sex education and health hygiene in the local school were we both have sponsor children  
- Taught the pupils and maternity staff a programme focussing on neonatal asphyxia and neonatal resuscitation and aftercare  
- Bartered for a classroom to be extended to create a larger nursery  
- Worked with the local crafts men to redesign the neonatal nursery  
- Denise walked the hospital corridors and theatres with her resus dolly teaching everyone who needed it  
- I taught the pupils and student midwives clinical care on the neonatal nursery and we both stressed the need for hand hygiene and keeping incubators clean and factual recording observations  
- My church funded a water tank for the nursery and other support enabled Denise and I to get NLS equipment and provide funds to build a new nursery  
- Overtime we returned to complete the mandatory training and built up a trust with the Nyakabale staff and Hospital administration team  
- Eventually the number of babies admitted to the nursery was creating overcrowding in the unit. In 2014 we were delighted to hear that the maternity unit was to be rebuilt on its original footprint by and NGO. We had a hand in the alterations of the design to suit local need – in particular an open plan nursery and increased privacy for the women giving birth by separating each bay with a fixed divider.*

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Neonatal Nurses Association (NNA): Nine years of ‘baby steps’: Setting up a neonatal unit in rural Uganda

continued from previous page

Cutting a very long story short, we were sent an email towards the end of 2015 by Tim Martindale, director of overseas operations and it read:

“Did you know that the baby unit where you have been training the nursing staff is now the safest place to have your baby in the whole of Uganda! The Senior Medical Officer has praised the training you have done which he says was fundamental to this achievement. This must translate directly to many lives saved as the death rate at birth has reduced. I hope to get some more statistics from him which can show the numbers. I still remember your first medical mission when you found a “discarded” baby in a heap of rags which you saved. The first of many, but now it’s the nurses that you have trained that are saving the babies. What a brilliant job you have done!”

Denise and I have included this letter to inspire others to do the same, we did not need accolades but it is important that the maternity unit is recognised for its improvement in maternity services as maybe mothers will come to the labour ward sooner and when intervention in their pregnancy can be more successful.

- We have now left the training school with a detailed teaching plan on neonatal and child health care
- We have two neonatologist links for the nursery paediatrician
- We have now raised enough funds for two more oxygen concentrators and a settee for breast feeding and kangaroo care mums. It is hoped they will reach the units soon in the new year.

See some photos that trace some of our journey – what they cannot show is the love and respect we have built up for each other over those years and Nyakabale Hospital and school will continue to hold a special place in our hearts and minds. We will always think about the support from the administrative team, the medical director, the senior teaching team and the nuns (for their pastoral support).”

Submitted by Denise Evans, NNA Chairperson
2016 marks the beginning of the Sustainable Development Goal era and the Every Newborn Action Plan has set newborn target goals for 2020, 2025, 2030, 2035 which professional associations can help in achieving. Of course just as importantly is the ending of preventable stillbirths – with a newly released series of articles in the Lancet calling for global action.

Many of us aware that one of the primary causes of mortality in the newborn period is the failure of neonatal care, partly due to the lack of skilled birth attendants to deliver appropriate resuscitation and care and skilled nurses to care for sick and small newborns at birth. Birth asphyxia, that is the inability to breathe immediately after delivery, is one of three causes accounting for over 80% of newborn mortality globally. The World health Organization estimates that one million babies die each year from birth asphyxia. In addition of the 10 million babies do not breathe immediately at birth, 6 million will require basic neonatal resuscitation (bag and mask ventilation), of which many will respond.

The Australian College of Neonatal Nurses (ACNN) has formed a special interest group, the Low Resource Countries Special Interest Group (LRC SIG). The LRC SIGs primary goal is to assist low resource countries (e.g. PNG, East Timor, South East Asia countries) in reducing newborn mortality as part of the Every Newborn Action Plan and the Sustainable Development Goals (SDGs), which all 192 countries have signed up to. The LRC SIG commenced volunteering education and training activities in Australia’s closest neighbour, Papua New Guinea, in October 2014, and have continued to visit twice a year for a week each time. The resuscitation training concentrates on ‘The Golden Minute’. With a few simple steps taken in the first minute after birth, newborns who struggle to breathe are given a much better start in life. The simple steps in the Helping Babies Breathe curriculum have proven to save many lives in newborns who struggle to breathe at birth. To date we have had an unfathomable 319 people attend our HBB training held in Goroka and its surrounding regions. Participants have included nurses, midwives, student nurses, student midwives, village birth attendants, community health workers, village women elders, midwifery educators and nursing educators.

What was evident during our first visit is that those working with newborns are very keen to learn and have access to resources that will assist them. With this in mind, and given that wireless internet was available in the neonatal nursery at the Goroka Hospital, we were keen to provide the nursery with a computer so that doctors, nurses, midwives and students could access the internet for evidence based health care guidelines and information. The computer also now allows the staff to email colleagues of ACNN for advice and support.

http://www.coinnurses.org

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A highlight from our latest trip was when a few of us were lucky enough to meet and train 4 village women elders from a remote village, Ikundi, in the Suowi Valley. A tribe only discovered in the 1990’s. Access to this region is only by plane or 2 days walking to the reach the closest government station or 5 days to the closest community health centre. These women were at Goroka Hospital to participate in a 2 week course to provide them with some knowledge on maternal and child health, including birthing. They spoke to us through 2 interpreters, one that translated from their village dialect into Pigeon and the other from Pigeon to English. They told stories of babies who if they did not breathe at birth were believed to have died. They would simply put these babies off to the side and attend to the mother. For those babies who did breathe at birth they were dried with and then wrapped in bark. Needless to say and at the request of the women, they left our training with resuscitation masks, suction penguins and bunny rugs. It is incredible to see these women practice drying, suctioning and delivering mask to mouth or mouth to mouth until they achieve adequate ventilation. They are determined to learn and to be able to undertake simple measures that help babies breathe. It is one of the best experiences we get to share and even more rewarding when they tell you what they have learnt will be passed down for generations.

The every newborn action plan sets out a vision of a world in which there are no preventable deaths of newborns or stillbirths, where every pregnancy is wanted, every birth celebrated and women, babies and children survive, thrive and reach their full potential. Nearly 3 million lives could be saved each year through quality care around the time of birth and special care for sick and small newborns. ACNN is proud and humbled to be working with health professionals in other countries to work towards improving the quality of care for newborns and their families.

ACNN is a national, not-for-profit organisation that serves as the peak professional body for neonatal nurses in all states of Australia, who are committed to the promotion of excellence in the care of neonates and their families throughout Australasia and worldwide by providing education and training.

Submitted by Karen New, President of COINN
The Neonatal Nurses College of Aotearoa (NNCA):

Teaching Health in South Sudan: A snapshot

The NNCA membership stays fairly stable, as new members join and older members retire. With around 600 members, many share knowledge and skills and stories through the NNCA quarterly newsletter. One particular member has agreed to share her story through the COINN bulletin. **Colette Blockley**, a registered nurse from Dunedin New Zealand, has recently returned from South Sudan. A 12-month contract with the organisation Solidarity for South Sudan, commencing in June 2015, was cut short after 6 months due to the civil unrest and unstable environment. Colette’s full article was published in Kai Tiaki: Nursing New Zealand. (Dec 2015) Vol 21. No 11. p16-18.

"I am a volunteer lay missionary for Solidarity for South Sudan, working at the Catholic Health Training Institute in Wau to help educate student nurses and midwives. In this country of 12 million people, there are only 149 registered nurses and 15 registered midwives. South Sudan is the newest and most under developed country in the world, with the highest infant and maternal death rates. Life expectancy is 50. After 21 years of war, South Sudan split from Sudan in 2007. In 2013 war broke out again due to inter-tribal disputes. There is no infrastructure at all, including power. At the Catholic institute, we have solar power as well as generator operating four hours a day. I do classroom teaching and supervise student nurses’ clinical practice in the two hospitals here, Wau and Comboni hospitals. The students are the future of health care and also the workforce. They are taught to cannulate in their first year and the midwives are taught how to do an emergency caesarean. They need to know this.

There is no running water in Wau Hospital. Water carriers fill large plastic containers from a pump and carry them on their heads to the hospital. There you line up when you need to wash your hands and a cup of water is poured over your hands.

The NICU at Comboni Hospital is just a large cupboard with two incubators. The solar power is unreliable and the hospital generator is only on when needed in theatre, so the incubators are less than effective at keeping babies temperature stable. I have seen up to three babies in each incubator. There are no monitors tracking heart and respiratory rates and oxygen saturations. There is no piped oxygen and only two portable oxygen containers in the whole hospital. Babies under 32 weeks have no chance at survival and it is a miracle if babies born under 37 weeks survive but some do. Death is an everyday part of life. Women have several children because so many of their babies die. It is heartbreaking. Malaria is rife and kills so many, especially babies. I have seen babies die of tetanus. It is common practice for mothers to mix wood ash and animal manure together, then smear it around their babies’ umbilical cord after birth to help dry the cord.

I live in a community with three nuns, (Indian, Irish and American), an Indian priest and a South Sudanese brother. They are my new family and we all have a common goal. The NICU at Comboni Hospital is just a large cupboard with two incubators. The solar power is unreliable and the hospital generator is only on when needed in theatre, so the incubators are less than effective at keeping babies temperature stable. I have seen up to three babies in each incubator. There are no monitors tracking heart and respiratory rates and oxygen saturations. There is no piped oxygen and only two portable oxygen containers in the whole hospital. Babies under 32 weeks have no chance at survival and it is a miracle if babies born under 37 weeks survive but some do. Death is an everyday part of life. Women have several children because so many of their babies die. It is heartbreaking. Malaria is rife and kills so many, especially babies. I have seen babies die of tetanus. It is common practice for mothers to mix wood ash and animal manure together, then smear it around their babies’ umbilical cord after birth to help dry the cord.

I live in a community with three nuns, (Indian, Irish and American), an Indian priest and a South Sudanese brother. They are my new family and we all have a common goal. We are committed to the nursing and midwifery students who are the future of health care in this country.”

Submitted by Annie Marshall, NNCA Chair Person
Hello from drought stricken South Africa.

As we experience the worst drought in decades with livestock and communities under extreme threat from no drinking water I am reminded what an incredible blessing and gift breast milk is. As long as mum is hydrated and fairly well nourished the baby receives all the fluid and nutrition he needs without risking unsafe water.

South Africa fully supports the Baby Friendly Hospital Initiative (BFHI) but as neonatal nurses we are now lobbying for the introduction of Neo BFHI which recognises the needs of sick and small babies which are currently overlooked in the term focused BFHI.

We are also rolling out the Helping Babies Breath Program (HBB). While South Africa as a middle-income country should be and is able to offer advanced resuscitation, we are a country of many contrasts and man babies do not receive the basic resuscitation and care they require. I like how HBB connects with Kangaroo Mother Care (KMC) in stressing the need for the baby to remain in skin-to-skin contact with their mother wherever possible. It challenges us to explore how this can be done for babies born via Caesarian section, those that require resuscitation and those who are small and at risk but who still require the vital protection and benefits of skin to skin care. I also like how HBB stresses communication with the mother and proper preparation for the birth. These are so often neglected through business and focus on more ‘critical’ items.

Delayed cord clamping and proper control of oxygen are also promoted which are crucial and beneficial in even the most advanced setting.

I believe there are always things that can be learnt or that we need to be reminded of and these lessons can often come in the most humble or simple ways. Personally I am excited to be involved in totally redesigning from scratch all the neonatal records in use in our province. It has been a massive amount of work and really challenging as I have had to reconsider and reconsider again (after valuable input from colleagues) how we work as a team and how we record the care we give. In South Africa we have no formal neonatal nurse training so nurses learn on the job and are inexperienced and lack knowledge and supervision. Guideline books are not always available and when there, are not used even by the sessional or inexperienced doctors. Our population is becoming more informed (or at least the lawyers are!) and our current records provide little defense from litigation. Severe ongoing nursing shortages require that the records are simple and easy to use with as little writing as possible while still providing a comprehensive record of the baby’s condition and care/ management given. The records therefore need to provide instruction and guidance while remaining user friendly, comprehensive and not too detailed. A tough ask!! I look forward to seeing these records in use this year and receiving feedback on how effectively we have fulfilled this mandate. Ultimately I pray that they will assist doctors and nurses to better assess and care for their babies and that outcomes will therefore improve.

We are also rolling out a system of accreditation for the neonatal and pediatric services of all our hospitals in our province. We have developed standardised tools to assess infrastructure, support services, systems, staffing, skills, care and outcomes and are in the process of assessing hospitals. It will be very interesting to see in 3 years, when they are assessed again, whether the new records and all the other interventions currently being implemented will impact and improve the standards currently achieved.

Please keep South Africa in your prayers - we pray for rain, relief for those suffering and peace and unity for all her people.

Submitted by Ruth Davidge, President of NNASA
Zambia— Make Tomorrow Possible Initiative

Neonatal mortality continues to top the charts as the commonest cause of mortality in Zambian children. Zambia, like many other countries in Sub-Saharan Africa endures high maternal and neonatal morbidity and mortality rates. Efforts are needed to prevent neonatal deaths and treat the common preventable causes.

The first awareness campaign was done in Livingstone-Zambia on 28th November, 2015 and the Make Tomorrow Possible for neonates initiative was launched. Bupe Mwamba (the only trained neonatal nurse in Zambia) and Mutesu Kundakapembwa (the only trained neonatologist in Zambia) have teamed up to help Zambia establish standardized neonatal care throughout the ten provinces. The overall goal to contribute to the reduction of the national newborn mortality rate from the current 24 to 12 /1000 live births by the year 2021 through reducing mortality rates in both tertiary and secondary hospitals’ neonatal units. The Newborn Support Zambia Initiative is necessary and timely for this purpose.

This group that will carry out this initiative has trained personnel consisting of a trained neonatal nurse and a neonatologist. The neonatal nurse and the neonatologists have created networks that will facilitate the training of more nurses and doctors in neonatal care. It will have a sub group whose objective will be to ensure the unification of all nurses working in neonatal units, which will be headed by Bupe.

With the establishment of standard levels of neonatal care, the country will be empowered to start training more medical and nursing staff. Personnel in the tertiary units will be trained in life saving skills in neonatal nursing care, neonatal resuscitation, ventilation (both invasive and non-invasive), exchange blood transfusions, insertion of lines (umbilical venous catheterization), use of total parenteral nutrition, infection control, Kangaroo mother care, cranial ultrasounds, echocardiogram. Equipment like CPAP and use of surfactant will improve the outcome of preterm babies and other babies in respiratory distress; introduction of therapeutic hypothermia will help improve the outcome of asphyxiated babies. Creation of standardized neonatal management protocols will help in life saving decision making and will also improve the referral systems.

The Newborn Support Zambia Initiative, a non for profit society, aims to improve newborn care in government tertiary and secondary level units in partnership with the Ministry of Health-Zambia and other organizations around the world.

Submitted by Bupe Mwamba, COINN country representative - Zambia
In less than two months, the Global Engagement Institute (GEI) Training Center in Ho Chi Minh City (Saigon) will host for a month (March 13 – April 10, 2016) the next delegations to help Vietnamese partner institutions develop crucial workforce capacity in Newborn Care and Emergency Cardiac Care.

The training hosts will include, among others, Dong Nai General Hospital, Red Cross Ho Chi Minh City, Tra Vinh Women’s and Children’s Hospital, Nguyen Tat Thanh University and the University of Medicine and Pharmacy.

The Newborn Care training will continue to teach Helping Babies Breathe (HBB), adding Essential Care for Every Baby (ECEB) and Essential Care for Small Babies (ECSB) to these training sessions. Different international nurses and midwives are going to join our Master Trainer; Patty Kelly to facilitate the sessions. Patty is one of the most sought-after international master trainers in newborn care. Since 2003, she has led countless delegations to Cambodia, Ecuador, Ethiopia, Ghana, Kenya, Malawi, Mexico, Papua New Guinea, Rwanda, Tanzania, Uganda and Vietnam.

The Emergency Cardiac Care training will involve teaching the Basic Life Support (BLS) and Advanced Cardiovascular Life Support (ACLS) to many healthcare professionals. Linda Bell, a registered nurse and paramedic, is leading this effort along with international participants who are keen to internationalize their practice. Linda runs her own Florida-based training center that has been authorized by the American Heart Association (AHA). She has served on numerous disaster teams and task forces, and led international training missions to various countries.

The Global Engagement Institute (GEI) is thrilled to have this opportunity again in Vietnam to contribute to the sustainable development in the healthcare field, expanding the set of skills that our international participants are offering this time to the local hosts.

For more details about being part of the quest to join one of our delegations to teach either in Newborn Care or Emergency Cardiac Care field in Vietnam and other destinations, please check our program dates below and visit our website: [http://service.global-engagement.org/](http://service.global-engagement.org/)

### Upcoming programs:

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Submitted by Waled Fatth, GEI

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**SUPPORT ORGANIZATION**

After having identical twin girls at 23 weeks and 5 days and saying goodbye to one of them 2 weeks later, Paul & Martha Sharkey wanted to help families “celebrate the good days.”

Established: 2014

Outreach: Philadelphia area as well as mailing care packages across the country upon request.

Web: [www.tiagd.org](http://www.tiagd.org)

Programs: Care packages including a journal, water bottle, a copy of *On the Night You Were Born*, and “One Day at a Time” bracelets in TIAGD tote bags along with mirrors to NICUs for use during Kangaroo Care sessions.

Professional Tips: Preemie Professional Resolutions

*Sometimes resolutions are about your families, too.*

Upon greeting a preemie parent, welcome them to the team and tell them their input is valuable. You will build instant trust and gratitude for the tough times ahead.

See a parent doing something fantastic? Tell him or her in detail. Praise for parents makes for a happy preemie.

Take time during team meetings to single out colleagues who have done exceptional jobs recently. It will raise the mood of your team and productivity.

**ABOUT DEB DISCENZA:**

Deb Discenza is the mother of a former 30-weeker girl now 12 years old and healthy! Deb is the co-author of the critically-acclaimed book *The Preemie Parent’s Survival Guide to the NICU* available at [www.PreemieWorld.com](http://www.PreemieWorld.com)

**COINN welcomes new members**

COINN continues to offer its membership for **ONE dollar** (USD) for the **ONE passion** we all have — to help newborns and their families! Hurry, there are only few months left to become a member for the smallest fee ever — till the end of COINN conference in Canada in August, 2016!

If you would like to support COINN, please give. Any donation is greatly appreciated. We promise that your money will benefit newborn infants, families, and neonatal nurses. COINN is a 501 3C so your donation may be tax deductible. Follow the link below or click on the image to your left to support COINN: [http://coinnurses.org/?page_id=385](http://coinnurses.org/?page_id=385)